

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	7-SUBSTITUTED CAMPTOTHECIN AND CAMPTOTHECIN ANALOGS AND METHODS FOR PRODUCING THE SAME
Attorney Docket Number::	195805US
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Total Drawing Sheets::	0
Small Entity?::	NO
Petition Included?::	YES
Petition Type::	37 C.F.R. 1.102 (c)
Secrecy Order in Parent Appl.?::	NO

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	U.S.A.
Status::	FULL CAPACITY
Given Name::	Mansukh
Middle Name::	C.
Family Name::	WANI
City of Residence::	Durham
State or Province of Residence::	North Carolina
Country of Residence::	U.S.A.
Street of Mailing Address::	2801 Legion Avenue
City of Mailing Address::	Durham
State or Province of Mailing Address::	North Carolina
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	27707

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Govindarajan
Family Name:: MANIKUMAR
City of Residence:: Raleigh
State or Province of Residence:: North Carolina
Country of Residence:: U.S.A.
Street of Mailing Address:: 8008 Selfridge Court
City of Mailing Address:: Raleigh
State or Province of Mailing Address:: North Carolina
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 27615

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: DECEASED INVENTOR
Given Name:: Monroe
Middle Name:: E.
Family Name:: Wall
City of Residence:: Portland
State or Province of Residence:: Oregon
Country of Residence:: U.S.A.
Street of Mailing Address:: 4039 S.W. Council Crest
City of Mailing Address:: Portland
State or Province of Mailing Address:: Oregon
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 97201

Applicant Authority Type:: LEGAL REPRESENTATIVE
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Michael
Middle Name:: A.
Family Name:: Wall
City of Residence:: Portland
State or Province of Residence:: Oregon
Country of Residence:: U.S.A.
Street of Mailing Address:: 4039 S.W. Council Crest
City of Mailing Address:: Portland
State or Province of Mailing Address:: Oregon
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 97201

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: Research Triangle Insitute
Street of Mailing Address:: P.O. Box 12194
City of Mailing Address:: Research Triangle Park
State or Province of Mailing Address:: NORTH CAROLINA
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 27709